

TOBACCO USE					
Indicator	STEPS	CINDI	CARMEN	BRFSS	TFI
Ever used smokeless tobacco	<i>S 9. In the past, did you ever use smokeless tobacco such as snuff, chewing tobacco, betel?</i> -Yes, daily (every day) -Yes, but not every day -No, not at all			<i>1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?</i> -Yes -No -Don't know/Not sure -Refused	
Ever smoked a cigar				<i>3. Have you ever smoked a cigar, even one or two puffs?</i> -Yes -No -Don't know/Not sure -Refused	
Whether currently smokes a cigar				<i>4. Do you now smoke cigars every day, some days, or not at all?</i> 1 Every day 2 Some days 3 Not at all 7 Don't know/Not sure 9 Refused	
Ever smoked a pipe				<i>5. Have you ever smoked tobacco in a pipe, even one or two puffs?</i> -Yes -No -Don't know/Not sure -Refused	

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Smoking at home				<p>6. Which statement best describes the rules about smoking inside your home?</p> <p>-Smoking is not allowed anywhere inside your home</p> <p>-Smoking is allowed in some places or at some times</p> <p>-Smoking is allowed anywhere inside the home or</p> <p>-There are no rules about smoking inside the home</p> <p>-Don't know/Not sure</p> <p>-Refused</p>	

Assessing use of smokeless tobacco and other tobacco forms

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Whether currently uses smokeless tobacco	<p>S 7. Do you now use smokeless tobacco such as snuff, chewing tobacco, betel?</p> <p>-Yes, daily (every day)</p> <p>-Yes, but not every day</p> <p>-No, not at all</p>			<p>2. Do you currently use chewing tobacco or snuff every day, some days, or not at all?</p> <p>-Every day</p> <p>-Some days</p> <p>-Not at all</p> <p>-Don't know/Not sure</p> <p>-Refused</p>	
Number of smokeless tobacco items used per day	<p>S 8. On average, what number of the following items do you use per day?</p> <p>__ snuff (oral use)</p> <p>__ snuff (nasal use)</p> <p>__ chewing tobacco</p> <p>__ betel quid</p> <p>__ other</p>				

Risk
Perception

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			<i>be harmful to the health of others around you?</i> 1. Yes 2. No 3. Don't know/not sure		
Health advice received to stop smoking - past year		3.12 During the last year (12 months) have you been advised to stop smoking by any of the following? -A doctor -A dentist -Other health care personnel -A family member -Others -Media (TV commercials)	5.10 During the past 12 months, has a health professional asked you if you smoke? -Yes -No -Don't recall/not sure 5.11 During the past 12 months, has a health professional advised you to quit smoking? 1. Yes, on one/several occasion(s), but not always 2. Yes, they always advise me to quit 3. No 4. Don't recall/not sure	4. In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself? -Yes -No -Don't know/Not sure -Refused 5. In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking? -Yes -No -Don't know/Not sure -Refused	

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Time between waking and first cigarette			<p>5.6 How long after waking do you smoke your first cigarette?</p> <p>1. Within the first 5 minutes</p> <p>2. 6-30 minutes</p> <p>3. 31-60 minutes</p> <p>4. After 60 minutes</p>		
Considered/desire to stop smoking		<p>3.9 Would you like to stop smoking?</p> <p>-no</p> <p>-yes</p> <p>-I am not sure</p> <p>-I do not smoke at present</p>	<p>5.7 Have you considered quitting smoking?</p> <p>1. Yes</p> <p>2. No</p> <p>3. Don't know/not sure</p>		
Expected time needed to stop smoking			<p>5.8 How much time do you think it will take you to quit? (How many months from now)</p>		
Attempts to stop smoking for at least 24 hours		<p>3.10 Have you ever tried seriously to stop smoking and been without smoking for at least 24 hours? If so, when was the last time?</p> <p>-during the last month</p> <p>-a month to half a year ago</p> <p>-half a year to one year ago</p> <p>-more than one year ago</p> <p>-never</p>	<p>5.9 During the past 12 months, how many times stopped smoking for at least 24 hours?</p> <p>-Number of times</p>	<p>10.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?</p> <p>-Yes</p> <p>-No</p> <p>-Don't know/Not sure</p> <p>-Refused</p>	
Health concerns from smoking		<p>3.11 Are you concerned about the harmful consequences that smoking can have on your health?</p> <p>-very concerned</p> <p>-somewhat concerned</p> <p>-not much concerned</p> <p>-not at all concerned</p>	<p>5.13 Do you think that smoking is bad for your health?</p> <p>1. Yes</p> <p>2. No</p> <p>3. Don't know/not sure</p> <p>5.14 Do you think that smoking in enclosed areas or near other people can</p>		

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				-Within the past 6 months (3 months but less than 6 months ago) -Within the past year (6 months but less than 1 year ago) -Within the past 5 years (1 years but less than 5 years ago) -Within the past 10 years (5 years ago but less than 10 years ago) -10 or more years ago -Don't know/Not sure -Refused	
Average daily tobacco use - present and/or past	S 3 (S 6). On average, how many of the following items do you (for current daily smokers)/ did you (for past daily smokers) smoke each day? Number per day: -Manufactured cigarettes ____ -Hand-rolled cigarettes ____ -Pipefuls of tobacco ____ -Cigars/cheroots/cigarillos ____ -Bidis ____ -Goza/hookah ____ -Other (specify) ____	3.8 How much do you smoke, or did you smoke before you stopped, on average per day? Please give an answer to each item. -Manufactured cigarettes ____ cigarettes per day -self-rolled cigarettes ____ cigarettes per day -pipe ____ pipefuls a day -cigars ____ cigars a day			5a. On average what number of (Name the type of tobacco product) <u>do you</u> smoke per day? (depending on which tobacco product- is commonly consumed) possible list -- hand-rolled; -bidis, -pipefuls of tobacco, - cigars, - cheroots, -cigarillos, -goza, -hookah 5b. On average what number of (Name the type of tobacco product) <u>did you</u> smoke per day?
Number of cigarettes smoked - past month			5.4 On average, how many cigarettes have you smoked over the last 30 days? 1. Number of cigarettes per day 2. Don't know/not sure		

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			don't know if people ignore them 4. No, they do not exist 5. I'm not sure if these regulations exist or not		
Ever smoked	⁴ S3. <i>In the past, did you ever smoke any tobacco product such as cigarettes, cigars, or pipes?</i> - Yes, daily (every day); - Yes, but not every day - No, not at all	3.3 Have you ever smoked in your life? - no - yes			1. Have you ever smoked? Yes/No
Ever smoked 100 cigarettes		3.4 Have you ever smoked at least 100 cigarettes, cigars or pipefuls in your lifetimes? - no - yes	5.1 Have you ever smoked at least 100 cigarettes in your lifetime? -Yes -No -Don't know/not sure	⁵ 10.1. Have you smoked at least 100 cigarettes in your entire life? 1 Yes 2 No -Don't know/Not sure -Refused (5 packs = 100 cigarettes)	2. Have you ever smoked at least 100 cigarettes in your life time. Yes/No
Ever smoked daily	S2. <i>In the past, did you ever smoke daily?</i> Yes; No, never daily	3.5 Have you ever smoked daily (almost every day for at least one year)? If so, how many years altogether? -no -yes, I have smoked daily for a total of ____ years		10.2. Do you know smoke cigarettes every day, some days, or not at all? (100) 1 Every day 2 Some days -Not at all -Refused	3. Have you ever smoked daily? Yes/No
Age when first smoked			5.3 How old were you when you first started smoking cigarettes? 1. Years of age 2. Don't know/not sure	1 How old were you the first time you smoked a cigarette, even one or two puffs? - ____ Code age in years -Don't know/Not sure -Refused	

⁴ Smoking/Tobacco Use⁵ Tobacco Use Core section

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When started smoking daily/regularly	S2 (S5). When did you start smoking daily (every day)? - __ Day __ Month __ Year -OR __ weeks ago or __ months ago or __ years ago -OR __ years old			2. How old were you when you first started smoking cigarettes regularly? -Never smoked regularly -Don't know/Not sure -Refused	To ask of Daily smokers 6. How old were you when you first started to smoke daily? (at least one cigarette a day) To ask of Ex-smokers 7a. How old were you when you first started to smoke daily? (at least one cigarette a day)
Whether currently smokes	S1. Do you <u>now</u> smoke any tobacco product such as cigarettes, cigars, or pipes? -Yes, daily (every day) -Yes, but not every day -No, not at all	3.6 Do you smoke at the present time (cigarettes, cigars, pipe)? -yes, daily -occasionally -not at all	5.2 Do you currently smoke cigarettes? 1. Yes (one or more cigarettes per day) 2. No (I quit smoking) 3. Occasionally (less than one cigarette per day)		4. Do you now smoke: a. __ Daily b. __ Occasionally c. __ Not at all
When last smoked		3.7. When did you last smoke? If you smoke currently, please circle alternative 1. - yesterday or today - 2 days - 1 month ago - 1 month - half a year ago - half to one year ago - 1-5 years ago - 5-10 years ago - more than 10 years ago	5.5 When was the last time you smoked-how long has it been since you haven't smoked at least one cigarette per day? 1. Less than 1 month 2. 1-6 months 3. 6-12 months 4. 1 year or more 5. Don't know/not sure		
When/time since stopped smoking daily	S4. When did you <u>stop</u> smoking daily? -EITHER __ Day __ Month __ Year -OR __ weeks ago or __ months ago or __ years ago -OR __ years old			3. About how long has it been since you last smoked cigarettes regularly? Read Only if Necessary -Within the past month (anytime less than 1 month ago) -Within the past 3 months (1 month but less than 3 months ago)	7b. How old were you when you finally quit smoking? ---

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Smokers in family		¹ 3.1 Do you or any family members smoke at home? -No, nobody smokes -Yes, somebody smokes			
 Workplace policy for smoking				² 7. While working at your job, are you indoors most of the time? -Yes -No -Don't know/Not Sure -Refused 8. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? -Not allowed in any public areas -Allowed in some public areas -Allowed in all public areas their base location or -No official policy -Don't know/Not sure -Refused	

¹ Smoking

² Module 13: Tobacco Indicators



STEPS: Questions from "Expanded" section in italics. All others are "core" questions.

CINDI: Questions in italics are "highly recommended" questions. All others are "obligatory."

CARMEN: Optional questions are in italics, all others are "core" questions.

BRFSS: Questions in italics come from optional modules or are state-selected questions. All others are "core" questions.

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				9. Which of the following best describes your place of work's official smoking policy for work areas? -Not allowed in any work areas -Allowed in some work areas -Allowed in all work areas -No official policy -Don't know/Not sure -Refused	
 Work hours exposed to smoke		3.2 How many hours a day do you spend at your workplace where somebody smokes? -more than 5 hrs -between 1 and 5 hrs -less than one hr a day -almost never -I do not work outside the home			
 Awareness of smoking regulations in public areas Re-would?			³ 5.12 Do you know of any regulations (restrictions, marked areas, etc.) regarding smoking in public areas, such as the office, school, other work environments, health centers, or restaurants? How are these regulations enforced? 1. Yes, they exist and are always respected 2. Yes, they exist, but people often ignore them 3. Yes, they exist, but I		

³ Tobacco use